

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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42						
43						
44			1			
45				1		
46				1		
47				1		
48				4		
49			1			
50				4		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		4				
53		1				
54						
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97						
98						
99						
100						
TOTAL IND.	2					
TOTAL DEP.	17					
TOTAL CLAIMS	19					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS